

administered ether by means of a baby-food tin with two nail holes knocked in the lid, but as the campaign advanced surgical units were issued with the Oxford vaporizer, which he described as "the most valuable piece of equipment ever received." Cyclopropane was brought into use only at the end of the war, and he thought it of great value for surgery in the forward areas. He pointed out that in the event of future war natural curare would be scarce, and synthetic relaxants should therefore be further developed. Strong and simple anaesthetic apparatus was necessary, and the present designs for civilian use would have no place in battle. He concluded by saying that in any conflict it must never be forgotten that any patient who reached a surgical team, whether he was friend or enemy, was deserving of the highest degree of kindly efficiency.

#### Methonium Compounds

The afternoon session, under the chairmanship of Dr. W. A. Low, of St. Thomas's Hospital, was mainly concerned with hypotension under anaesthesia. Dr. G. E. H. ENDERBY, of the Plastic Jaw Unit, Basingstoke, spoke of the use of the methonium compounds and postural ischaemia. It was possible to reduce the blood pressure with these drugs, the degree varying widely from patient to patient, but to obtain adequate hypotension it was often necessary to make use of other factors, such as tilting the body so that the blood drained into the legs, and controlling or assisting respiration to increase the interpulmonary pressure. He described his technique with hexamethonium iodide, which he had used in about 300 cases, of which the first 50 were experimental. Of the remaining 250 a satisfactory operating site was obtained in 58%, in 35% bleeding was reduced, and in only 7% was it impossible to obtain adequate hypotension. He thought it wise to limit the procedure to patients who were relatively fit and healthy, and to exclude those who showed signs of insufficiency of the coronary arteries.

Dr. G. S. ORGANE, of the Westminster Hospital, recalled that one could still produce ischaemia of the limbs with tourniquets, and in the superficial tissues with injections of adrenaline solutions. But there were operations in which the anaesthetist was justified in undertaking some risk to ensure reduction of bleeding. This could be obtained by reducing the blood pressure with chloroform, thiopentone, the methonium compounds, spinal or epidural block, and by exsanguination. He thought it was unjustifiable to use chloroform, and if thiopentone was given to keep the blood pressure low during a lengthy operation it produced a long period of unconsciousness afterwards. The methonium compounds allowed the anaesthetist to control the hypotension independently of the depth of anaesthesia. He found that the younger patients required larger doses and provided the highest number of failures, and that the reduction in blood pressure was most reliable in middle-aged patients with moderate hypertension. He felt that the first dose must be the effective one; it had been noticed by physicians administering oral hexamethonium that tolerance was rapidly built up to a succession of inadequate doses. He referred to the method of exsanguination and interarterial transfusions, and pointed out the danger of haemodilution when large volumes of blood were removed from the body. The technique of controlling hypotension was effective, but cases must be selected carefully and the anaesthetist must be constantly attentive to the condition of the patient.

A report from Washington announces that two new kinds of protective clothing made of plastic substances and nylon are soon to be tried out by stretcher-bearers of the American army in Korea (*Le Figaro*, September 11). The new "armour," varying in weight from two to eight kilograms, is designed to protect the troops from shrapnel and stray bullets, and can offer only slight protection against close-up rifle or machine-gun fire. A new type of helmet is also to be tried out; this is made of aluminium and lined with laminated nylon.

## Nova et Vetera

### JOHN KIDD (1775-1851)

It is given to few to achieve success in more than one branch of knowledge, and to fewer still to hold a number of official positions simultaneously and with distinction. John Kidd, who died a century ago on September 17, 1851, was a remarkably versatile man. He studied medicine at Guy's Hospital, and after graduating M.B. was appointed chemical reader at the University of Oxford in 1801, the first Aldrichian professor of chemistry in 1803, and Lee's reader in anatomy in 1816. At the same time he was physician to the Radcliffe Infirmary and had a busy private practice. He resigned the Aldrichian professorship in 1822, when through the influence of his former teacher and lifelong friend, Sir Astley Cooper, he was elected regius professor of physics in the University.

A keen geologist, he published *The Outlines of Mineralogy* in 1809, while his interest in chemistry is reflected in his "Essay on the Spontaneous Production of Salt-Petre," which appeared in the *Philosophical Transactions* for 1815. His Bridgewater treatise *On the Adaptation of External Nature to the Physical Condition of Man* (1833) was reputedly the most popular of the series, reaching a sixth edition in 1852. In 1834 Kidd was made keeper of the Radcliffe Library, supervising the cataloguing of its books on medicine and natural history. His versatility also extended into the field of Greek scholarship.

A small man who stalked through the streets clad in a spencer, he is said to have been the first Oxford physician to discard the traditional trappings of his profession—the wig, the large-brimmed hat, and the gold-headed cane.

An outline of what W.H.O. stands for was given by Sir Andrew Davidson in a speech at Paisley Rotary Club recently. He said that there were now about 75 States in membership. The last three to be admitted—at the fourth World Health Assembly last May—were Japan, Germany, and Spain. The increased speed of transport meant that epidemic diseases anywhere in the world were of universal and not merely local concern. It was for this reason that the International Sanitary Regulations, approved in May, 1951, were of such importance to all nations. The trend of world population was also a matter to be examined carefully. Since the beginning of this century the world population had increased by 825 million persons (53%); it was now about 2,377 millions, compared with 1,551 millions in 1900. Increases in population of these dimensions brought problems of proportional magnitude and complexity—housing, food and nutrition, infectious diseases, maternity and infant health, industrial health, education of medical and other health workers, and so on. The health organizations of different nations varied widely both in standards and in problems. In most countries, mainly the poorer ones, there was a severe shortage of trained workers. Finally, there was nowadays a growing appreciation that weakened resistance, poverty, malnutrition, and bad social environment facilitate the spread of disease. All these four trends, apart from others of a political nature, helped us to realize that our interest in world health was as much concerned with self-protection as with altruism. By demonstration teams, by travelling fellowships, and by providing specialist advice on strengthening health services in backward countries W.H.O. had helped to improve their knowledge and achievements. W.H.O. was also helping in the control of malaria in many parts of the world, and, combined with Unicef and the Scandinavian Red Cross Societies, was playing a valuable part in the campaigns against tuberculosis and venereal diseases.